

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32459

1. PLACE OF DEATH

County Carroll
Township Carrollton
City Carrollton (No., St. Ward)

Registration District No. 135
Primary Registration District No. 3610

File No.
Registered No. 81

2. FULL NAME Jno. Walker Young

(a) Residence, No. Carrollton St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Bell Morton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 30, 1847</u>		
7. AGE <u>85</u>	YEARS <u>10</u>	MONTHS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Zanesville Ohio
(STATE OR COUNTRY)

13. NAME David Young

14. BIRTHPLACE (CITY OR TOWN) Zanesville Ohio
(STATE OR COUNTRY)

15. MAIDEN NAME Jane Ackerman

16. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

17. INFORMANT Dave Kinnear
(ADDRESS) Carrollton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch DATE Oct. 8, 1933

19. UNDERTAKER Standley
(ADDRESS) Carrollton Mo.

20. FILED 10-7, 1933 Mrs. E. E. McNamee
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from mon, 1933, to Mon, 1933

I last saw him alive on Mon, 1933. Death is said to have occurred on the date stated above, at 10⁴⁵ a.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
4/10/33
120 lbs
Other contributory causes of importance:
arteriosclerosis
hypertension
28th

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....

(Signed) Charles S. Austen, M. D.
(Address) Carrollton Mo

